



DEPARTMENT OF THE NAVY

JOINT BASE ANACOSTIA-BOLLING
20 MACDILL BLVD, SUITE 300
WASHINGTON, D.C. 20032-7711

5090

Ser

December 26, 2017

Karen Crumlish, Branch Chief
Drinking Water Branch (3WP21)
Water Protection Division
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103

Ms. Crumlish:

Enclosed is the Asbestos Report for the December 2017 monitoring period for Joint Base Anacostia-Bolling (JBAB) Anacostia side. Included with the results are the certificates of analysis and the Chain of Custody Forms.

There were no exceedances for this sampling event.

Please mail all correspondence to:

ATTN: Director, Installation Environmental Program
Department of the Navy
PWD- Joint Base Anacostia-Bolling
370 Brookley Avenue SW
JBAB, Washington, DC 20032-0101

If you have any questions or require further information, please contact Ms. Anna Angione at (202) 685-3267 or via email at anna.angione@navy.mil.

Sincerely,

A handwritten signature in blue ink, reading "Madina M. Alharazim", is positioned above the typed name.

MADINA M. ALHARAZIM
By direction

Enclosures: 1. Asbestos Sample Analysis Results and Chain of Custodies; December 2017



CERTIFICATE OF ANALYSIS

Chain of Custody: 604573

Client: Inspections Experts, Inc.

Address: 9220 Rumsey Road
Columbia, MD 21045

Attention: Kosala De Silva

Job Name: WNY

Job Location: Not Provided

Job Number: 1511-223

P.O. Number: Not Provided

Date Submitted: 12/21/2017

Date Analyzed: 12/28/2017

Report Date: 12/28/2017

Date Sampled: 12/21/2017

Person Submitting: Gayan Kularathu

Summary of Results of Water Borne Asbestos Analysis by TEM - USEPA Method 100.2 and ELAP 198.2

AMA Sample	Client Sample	Sample Type	Sample Aliquot (ml)	Filter Collection (mm ²)	Filter Area Analyzed (mm ²)	Sensitivity (MFL)		Fiber Count		Total Fiber Conc. (MFL)			Long Fiber Conc. (MFL)			Comments
						Total	Long	Total	Long	Mean	95% UCL	95% LCL	Mean	95% UCL	95% LCL	
604573-1	JBAB-391	Not Provided	100.0	1047.0	0.0532	0.197	0.197	NAD	NAD	< 0.726	0.726	N/A	< 0.726	0.726	N/A	
604573-2	JBAB-414	Not Provided	100.0	1047.0	0.0532	0.197	0.197	NAD	NAD	< 0.726	0.726	N/A	< 0.726	0.726	N/A	
604573-3	JBAB-409	Not Provided	100.0	1047.0	0.0532	0.197	0.197	NAD	NAD	< 0.726	0.726	N/A	< 0.726	0.726	N/A	
604573-4	JBAB-370	Not Provided	100.0	1047.0	0.0532	0.197	0.197	NAD	NAD	< 0.726	0.726	N/A	< 0.726	0.726	N/A	



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						Total	Long	Total	Long	Mean	95% UCL	95% LCL	Mean	95% UCL	95% LCL	

Please Note: EPA Method 100.2 requires analysis of asbestos fibers with a minimum length of 10 um, which are reported in the long fiber concentration columns. AMA Analytical Services, Inc. also documents asbestos structures between 0.5um and 10um in length. Along with the long fibers these are reported in the total fiber concentration columns. Meets with ELAP 198.2 requirements.

Limit of Quantitation: The Limit of Quantitation (LOQ) for this method is equal to four asbestos fibers. If the sample had no asbestos detected (NAD) the mean asbestos concentration is reported as less than the 95% UCL (upper confidence limit), which is 369 % of the analytical sensitivity. If 1 to 3 fibers were detected, the mean asbestos concentration is reported as less than the 95 % UCL. A lower confidence limit (LCL) does not apply (N/A) for samples in which three or fewer asbestos fibers were detected.

Analytical Sensitivity: Typical analytical sensitivities for drinking water samples should be < 10 MFL for 'total' asbestos and <0.2 MFL for 'long' asbestos fibers. Analytical sensitivities may be much higher for water samples where the high concentration of suspended particulate requires using small aliquots to make usable sample preparations.

Method of Analysis: The method of analysis used is the EPA 100.2.

Asbestos Types: Chry = Chrysotile; Amos = Amosite; Croc = Crocidolite; Trem = Tremolite; Actn = Actinolite; Anth = Anthophyllite

All results are to be considered preliminary and subject to change unless signed by the Technical Director or Deputy.

Analyst(s): Michael Greenberg

Technical Director Andreas Saldivar

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these Laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from us. Sample types, locations, and collection protocols are based upon the information provided by the persons submitting them and, unless collected by personnel of these Laboratories, we expressly disclaim any knowledge and liability for the accuracy and completeness of this information. Residual sample material will be discarded in accordance with the appropriate regulatory guidelines, unless otherwise requested by the client. This report must not be used to claim, and does not imply product certification, approval, or endorsement by AIHA or any agency of the Federal Government. All rights reserved. AMA Analytical Services, Inc.


AMA Analytical Services, Inc.

Focused on Results www.amalab.com
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 4475 Forbes Blvd. • Lanham, MD 20706
 (301) 459-2640 • (800) 346-0961 • Fax (301) 459-2643

CHAIN OF CUSTODY

(Please Refer To This
Number For Inquires)

6004573

Mailing/Billing Information:

1. Client Name: Inspection Experts Inc.
 2. Address 1: 9250 Rumsey Road, Ste 106, Columbia, MD 21045
 3. Address 2: _____
 4. Address 3: _____
 5. Phone #: 410-715-3939 Fax #: _____

Submittal Information:

1. Job Name: _____
 2. Job Location: _____
 3. Job #: _____ P.O. #: _____
 4. Contact Person: Kosala De Silva @ phone # 301-655-6109
 5. Submitted by: Gayana Kulathen Signature: _____

Reporting Information (Results will be provided as soon as technically feasible):

AFTER HOURS (must be pre-scheduled) <input type="checkbox"/> Immediate Date Due: _____ <input type="checkbox"/> 24 Hours Time Due: _____ Comments: _____		NORMAL BUSINESS HOURS <input type="checkbox"/> Immediate <input type="checkbox"/> Next Day <input type="checkbox"/> 2 Day <input checked="" type="checkbox"/> 3 Day <input checked="" type="checkbox"/> 5 Day <u>12/1/17</u> Date Due: <u>12/1/17</u>		REPORT TO: <input type="checkbox"/> Include COC/Field Data Sheets with Report <input type="checkbox"/> Email: _____ @ _____ <input type="checkbox"/> Fax: _____ <input type="checkbox"/> Verbal: _____	
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Asbestos Analysis

PCM Air - Please Indicate Filter Type:

- ☐ NIOSH 7400 (QTY)
☐ Fiberglass (QTY)

TEM Air - Please Indicate Filter Type:

- ☐ AHERA (QTY)
☐ NIOSH 7402 (QTY)
☐ Other (specify _____) (QTY)

PLM Bulk

- ☐ EPA 600 - Visual Estimate (QTY)
☐ EPA Point Count (QTY)
☐ NY State Friable 198.1 (QTY)
☐ Grav. Reduction ELAP 198.6 (QTY)
☐ Other (specify _____) (QTY)

MISC

- ☐ Vermiculite
☐ Asbestos Soil PLM (Qual) PLM (Quan) PLM/TEM (Qual) PLM/TEM (Quan)

TEM Bulk

- ☐ ELAP 198.4/Chatfield (QTY)
☐ NY State PLM/TEM (QTY)
☐ Residual Ash (QTY)

TEM Dust

- ☐ Qual. (pres/abs) Vacuum/Dust (QTY)
☐ Quan. (s/area) Vacuum D5755-95 (QTY)
☐ Quan. (s/area) Dust D6480-99 (QTY)

TEM Water

- ☐ Qual. (pres/abs) (QTY)
☒ ELAP 198.2/EPA 100.2 (QTY)
☐ EPA 100.1 (QTY)

☒ All samples received in good condition unless otherwise noted.
 (TEM Water samples _____ °C)

Metals Analysis

- ☐ Pb Paint Chip (QTY)
☐ Pb Dust Wipe (wipe type _____) (QTY)
☐ Pb Air (QTY)
☐ Pb Soil/Solid (QTY)
☐ Pb TCLP (QTY)
☐ Drinking Water ☐ Pb (QTY) ☐ Cu (QTY) ☐ As (QTY)
☐ Waste Water ☐ Pb (QTY) ☐ Cu (QTY) ☐ As (QTY)
☐ Pb Furnace (Media _____) (QTY)

Fungal Analysis

- Collection Apparatus for Spore Traps/Air Samples: _____
 Collection Media _____
☐ Spore-Trap (QTY) ☐ Surface Vacuum Dust (QTY)
☐ Surface Swab (QTY) ☐ Culturable ID Genus (Media _____) (QTY)
☐ Surface Tape (QTY) ☐ Culturable ID Species (Media _____) (QTY)
☐ Other (Specify _____) (QTY)

CLIENT CONTACT

(LABORATORY STAFF ONLY)

CLIENT ID NUMBER	SAMPLE INFORMATION SAMPLE LOCATION/ IDENTIFICATION	DATE	VOLUME (LITERS)	WIPE AREA	ANALYSIS	TEM	PCM	PLM	LEAD	MOLD	AIR	BULK	DUST	MATRIX	WATER	SPORE TRAP	TAPE	SWAB	CLIENT CONTACT (LABORATORY STAFF ONLY)
JBAB-391	J. closet 1 st FL	12/21	1	0825		x									x				Date/Time: _____ Contact: _____ By: _____
JBAB-414	Kitchen Sink	12/21	1	0838		x									x				
JBAB-409	W. Rest Room Sink	12/21	1	0850		x									x				
JBAB-370	W. Rest Room Sink	12/21	1	0901		x									x				
																			Date/Time: _____ Contact: _____ By: _____
																			Date/Time: _____ Contact: _____ By: _____

**LABORATORY
STAFF ONLY:
(CUSTODY)**

1. Date/Time RCVD: 12/22/17 @ 0905 Via: DO By (Print): _____ Sign: _____
 2. Date/Time Analyzed: _____ / _____ / _____ @ _____ By (Print): _____ Sign: _____
 3. Results Reported To: _____ Via: _____ Date: _____ / _____ / _____ Time: _____ Initials: _____
 4. Comments: _____